24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) Conservative Action Fund	FEC IDENTIFICATION NUMBER ▼					
Conservative / totton / tand	C C00496505					
Check if 24-hour report 48-hour report New report Amends report filed	d on May / Dad / Yayayay					
Full Name of Payee American Action News	Date of Public Distribution/Dissemination					
Mailing Address 203 South Union Street Suite 300	08 06 2015 Amount 2000.00					
City State Zip Code						
Alexandria VA 22314	Transaction ID : SE24.1001 Date of Disbursement or Obligation					
Purpose of Expenditure Estimate of August Monthly List Rental Fees Category/ Type 003	08					
Name of Federal Candidate Support Offic	e Sought: House District:					
Donald Trump	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	ursement For: Primary General Other (specify) ▶ 2016 GOP Convention					
Full Name of Payee American Action News	Date of Public Distribution/Dissemination					
Mailing Address 203 South Union Street Suite 300	08 27 2015 Amount					
City State Zip Code	10000.00					
Alexandria VA 22314	Transaction ID : SE24.1002 Date of Disbursement or Obligation					
Purpose of Expenditure Online Advertising Fee Category/ Type 003	08 27 2015					
Name of Federal Candidate Support Office	e Sought: House District:					
Donald Trump Oppose	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought Disb 2016	oursement For: Primary General Other (specify) ▶ 2016 GOP Convention					
(a) SUBTOTAL of Itemized Independent Expenditures	12000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
	7 7 7					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	08 27 2015					
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Conservative Action Fund	C C00496505			
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee American Action News	ate of Public Distribution/Dissemination			
Mailing Address 203 South Union Street Suite 300	08 25 2015 mount			
City State Zip Code	2000.00			
Purpose of Expenditure Category/	ransaction ID : SE24.1003 ate of Disbursement or Obligation			
Estimate of August Monthly List Rental Fees Type 003	08 25 2015			
Denoted Trump	esident Senate State:			
30000 00	ement For: Primary General Other (specify) ▶ 2016 GOP Convention			
Full Name of Payee Campaign Solutions	Date of Public Distribution/Dissemination			
Mailing Address 117 N. St. Asaph St	mount			
	2000.00 ansaction ID : SE24.1004			
Purpose of Expenditure Estimate of August Monthly List Rental Fees Category/ Type 003	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office Solution				
Calendar Year-To-Date Disburse 2016	resident Senate State: ement For: Primary General Other (specify) ▶ 2016 GOP Convention			
(a) SUBTOTAL of Itemized Independent Expenditures	4000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	47 47 47			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.				
Dan Backer Esq. [Electronically Filed] Date 08	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Conservative Action Fund	C C00496505			
	M = M / D = D / Y = Y = Y			
Check if 24-hour report 48-hour report New report Amends report filed	on			
Full Name of Payee Campaign Solutions	Date of Public Distribution/Dissemination			
	08 21 2015			
Mailing Address 117 N. St. Asaph St	Amount			
City State Zip Code	500.00			
Alexandria VA 22314	Transaction ID : SE24.1005 Date of Disbursement or Obligation			
Purpose of Expenditure Estimate of August Monthly List Rental Fees Category/ Type 003	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District:			
Donald Trump Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General			
To Election to Since essign	Other (specify) ▶ 2016 GOP Convention			
Full Name of Payee Campaign Solutions	Date of Public Distribution/Dissemination			
Mailing Address 117 N. St. Asaph St	08 26 2015			
117 N. St. Asapir St	Amount			
City State Zip Code	500.00			
Alexandria VA 22314	Transaction ID : SE24.1006 Date of Disbursement or Obligation			
Purpose of Expenditure Estimate of August Monthly List Rental Fees Category/ Type 003	08 26 7 2015			
	e Sought: House District:			
Donald Trump Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General S Other (specify) ▶ 2016 GOP Convention			
-				
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	8 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	edule E)	IXI LIVE	TOTILO				PAGE 4 FOR SE OF		5
NAM	E OF COMMITTEE (In Full)					FEC.II	DENTIFICATION OF THE PROPERTY		
Co	nservative Action Fund					С	C00496505		
Chec	k if 24-hour report X 48-hour report	New repo	ort Ar	nends repo	ort filed on	M = M	/ D = D /	Y = Y = Y	Y
	ull Name of Payee Campaign Solutions				Dat	M M	ic Distribution/	Y Y Y	
N	failing Address 117 N. St. Asaph St				Am	08 ount	27	2015	
	,	ate /A	Zip Code 22314		Tra	nsaction	ID : SE24.100	3000. 7	.00
	Purpose of Expenditure Facebook Advertising		Category/ Type		Dat	e of Disb	ursement or C	Obligation 2015	T Y
	lame of Federal Candidate			Support	Office Sou	_	House	District:	
	Calendar Year-To-Date Per Election for Office Sought		30000.00	Oppose	Disbursem 2016	ent For:	Senate Primary pecify) ▶ 2016		neral rention
	Political List Brokers Mailing Address 107 S. West St				Da		ic Distribution/		ion
	Alexandria \	State Zip Code VA 22314				5000.00 Transaction ID : SE24.1008 Date of Disbursement or Obligation			
	Purpose of Expenditure List Rental Fees		Category/ Type			08	27	2015	Y
-	lame of Federal Candidate Donald Trump			Support Oppose	Office Sou	ight: [House Senate	District:	
	Calendar Year-To-Date Per Election for Office Sought		30000.0	00	Disbursen 2016		Primary pecify) ▶ 2016		neral vention
(a)	SUBTOTAL of Itemized Independent Expenditures				•			8000.00	
(b)	SUBTOTAL of Unitemized Independent Expenditures	·			. •		1 1 4		
(c)	TOTAL Independent Expenditures				•				
wit	der penalty of perjury I certify that the independent eh, or at the request or suggestion of, any candidate or ty committee) any political party committee or its ager	r authorized							
	Dan Backer Esq. Signature	[Electroni	ically Filed]	Date	08	27	201	5	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Conservative Action Fund	C C00496505			
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y H Y H Y H Y			
	of Public Distribution/Dissemination			
	08 / 25 / Y Y Y Y Y Y Y			
Mailing Address 107 S. West St Amoun	nt			
City State Zip Code	5000.00			
Date of	ion ID : SE24.1009 Disbursement or Obligation			
Purpose of Expenditure List Rental Fees Category/ Type 003	08 27 7 2015			
Name of Federal Candidate Support Office Sough	t: House District:			
Donald Trump Oppose X Preside	ent Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016	t For: Primary General ther (specify) ▶ 2016 GOP Convention			
	of Public Distribution/Dissemination			
Mailing Address Amoun	nt			
City State Zip Code				
Date	of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	/ D D / Y Y Y Y			
Name of Federal Candidate Support Office Sough	t: House District:			
Oppose Preside	ent Senate State:			
Calendar Year-To-Date Per Election for Office Sought	t For: Primary General ther (specify) ▶			
	ther (speeny)?			
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1			
(c) TOTAL Independent Expenditures	30000.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Dan Backer Esq. [Electronically Filed] Date Signature	27 2015			
Oignatui C				